

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

**SERIAL NO.** **FILING DATE**

**APPLICANT(S)**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					3	
TOTAL DEP.					17	
TOTAL CLAIMS					20	

SERIAL NO.		FILING DATE			
APPLICANT(S)					
IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					